

Department of Mental Health

Language Access Plan

I. Introduction

The Department of Mental Health (“DMH” or “Department”) has prepared this Language Access Plan (“LAP” or “Plan”), which defines the actions to be taken by the Department to ensure meaningful access to DMH services, programs and activities on the part of persons who have limited English proficiency. The Department will review and update this LAP on a biannual basis in order to ensure continued responsiveness to language assistance needs.

DMH provides person-and-family-centered services with a goal of supporting people recovering from mental illness. Clear and accurate communication between clients and staff is crucial to improve physical and mental health, rehabilitation and, above all, personal choice on the path to recovery.

II. Purpose

A Limited English Proficient (“LEP”) person is someone who is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with the Department. The Department’s long-established language assistance program is guided by statutes, including the Interpreter Services Law, Chapter 66 of the Acts of 2000 (codified in part at M.G.L. Chapter 123, Section 23); regulations (Appendix A: 104 CMR 27.03, 27.18, 28.03 (1), 29.06 & 29.11.); and accreditation standards. The LAP also is consistent with the requirements of the Administrative Bulletin #16 as promulgated by the Executive Office for Administration and Finance, and with the United States Department of Health and Human Services guidelines for language assistance programs [US Department of Health & Human Services Guidelines](#).

As specified by the federal regulations, the Department takes “reasonable steps to ensure meaningful access to programs and activities by LEP persons.” In accordance with the Department of Health and Human Services guidelines, DMH has made an individualized assessment that balances the following four factors:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;
2. The frequency with which LEP individuals come in contact with the program;
3. The nature and importance of the program, activity, or service provided by the program to people’s lives; and
4. The resources available to the grantee/recipient and costs.

DMH notifies contracted vendors of standards for LEP access and expects that the agency's plan will be applied to the activities they are conducting on DMH's behalf. The Department has incorporated the language assistance requirement in service standards and vendor contracts. In addition, some of the Department's contracted vendors are also recipients of federal assistance, and as such will have independent obligations to comply with the Department of Health and Human Services guidance.

III. Agency Description

The Department, as the state's mental health authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Recognizing that mental health services are an essential part of healthcare, DMH establishes standards to ensure effective and culturally and linguistically competent care to promote recovery. DMH sets policy, promotes self-determination, protects human rights and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

DMH is organized into Areas, each of which is managed by an Area Director. Each Area is divided into Local Service Sites. Each Site provides case management and oversees an integrated system of state and vendor-operated adult and child/adolescent mental health services. Significant planning, budget development, program monitoring, contracting, and quality improvement activities are conducted at Site and Area offices.

State-operated and contracted service sites, which are funded through state appropriations and a federal block grant, include state hospitals, community mental health centers with inpatient units, adult inpatient units at two public health hospitals, contracted adult, adolescent and latency age inpatient units, latency and adolescent intensive residential treatment programs, and community-based facilities.

The Office of Multicultural Affairs (OMCA) in the Commissioner's office has the structural and functional responsibility and accountability for developing the Department's cultural and linguistic competence and all aspects of cultural competence in the mental health service delivery system for children and adults. Included in the OMCA activities is the coordination of a statewide interpreter and translation services.

The Interpreter and Translation Services Program ("ITSP") coordinates interpreter and translation services for all Areas, Sites, inpatient facilities, forensic functions, investigations, and human rights office activities. It also handles translations of DMH materials. The ITSP coordinates translation requests, processes payment vouchers, and monitor translation usage.

Communication access for deaf and hard of hearing clients is administered through the Department's Deaf and Hard of Hearing Services. DMH utilizes American Sign Languages and provides services to Deaf and Hard of Hearing as accommodations under the American Disability Act. DMH has guidelines to insure cultural/linguistic access and appropriate services to Deaf and Hard of Hearing individuals. The Department has received technical assistance from Massachusetts Commission for Deaf and Hard of Hearing in establishing guidelines and using technology to enhance access.

The Department uses a comprehensive and integrated strategy to address the needs of cultural and linguistic populations, whether the clients speak English moderately well, very well, or not at all. The Department defines Cultural and Linguistic Competence as the integration and transformation of knowledge, information and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques and marketing programs that match the individual's culture and increase the quality and appropriateness of health care and outcomes.

The Department's Cultural & Linguistic Competence Action Plan "operationalizes" the Department's mission of culturally and linguistically competent care to ensure that the mental health system is attentive to the needs and effective care of culturally and linguistically diverse populations, including at-risk immigrants and refugees.

Strategies particularly pertaining to the Department's LAP are:

1. Partner with multicultural communities in the planning, development and implementation of culturally and linguistically effective mental health services within the mental health system.
2. Assure strengthened access and availability of culturally and linguistically competent services throughout the entire DMH service delivery system.
3. Integrate cultural and linguistic competence into staff training, staff development and educational activities.
4. Use demographic information about DMH clients and applicants to inform decisions about policy development, clinical practice, research, program development, service delivery and workforce development.
5. Promote communication and information dissemination on issues related to cultural and linguistic competence.
6. Promote leadership in cultural competence and linguistic competence to reduce mental health disparities

IV. Language Access Plan:

The Department has embarked on a systemic transformation of services for adults with serious mental illness, children and adolescents with serious mental illness or serious emotional disturbance. Some of the components of the transformation have come to fruition through the cross-agency collaboration implementing the Children's Behavioral Health Initiative and DMH Community First.

The success of the transformed system also relies on the redesign of the Department's administrative structure and its ability to create a more efficient agency while maintaining a strong community presence at its local sites. The organizational and structural change in progress works to improve communication within the Department, promote stronger collaboration within and across divisions, and advance the use of data and measures to monitor results.

The LAP goals are:

- to ensure that LEP clients of DMH continue to have meaningful access to services, programs and activities by the use of professional interpreters and linguistically and culturally diverse staff in the context of the system transformation,
- to increase quality and efficiency with measurable outcomes of the Department's language assistance program in the context of the organizational and structural re-design of the Department.

(1) The Department's Language Access Coordinator

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(2) DMH Language Assistance Program Needs

The loss of individual social and economic capital, despair and victimization, and poor physical health and overall well-being often are part of the daily experience of adults with serious mental illness or children and adolescents with serious mental illness or serious emotional disturbance. The Department considers its services to be important for enabling clients to live, work, study and participate in their communities.

To the extent possible and with available resources, all services are conducted in the client's preferred language by staff fluent in the language or through competent interpreters. The Department puts the highest value on the use of bilingual and bicultural staff before the use of interpreters. When bilingual staff is not available, professional interpreters will be used. With current resources for interpreter and translation services, DMH has prioritized inpatient service as one of the most important services to have interpreters available due to the clinical severity of mental illness or emotional disturbance of clients in the hospitals. In-person interpretation is the modality for clients and staff whenever deemed necessary.

DMH continues to develop its language assistance program based on census tracking, client language data tracking and points of contact between DMH Areas, Sites and DMH hospitals and the client population.

(a) Census Population Tracking and Reports

DMH collects the most recent available Census data to track specific race, ethnic and language populations in Massachusetts. They include (Appendix B: DMH Census Tracking Reports):

- 2010 American Community Survey on Race and Hispanic/Latino in Massachusetts
- 2010 American Community Survey on Race and Hispanic/Latino in Massachusetts stratified by Age Groups & Gender
- 2009 American Community Survey one-year estimate on language spoken at home for population 5 years and older in Massachusetts

DMH also collects geographic distribution by cities on race and Hispanic/Latino to match DMH Areas and Sites:

- 2010 American Community Survey on Race and Hispanic/Latino of 25 major Massachusetts cities
- 2010 American Community Survey on Race and Hispanic/Latino by DMH Areas
- 2009 Massachusetts School and District Profiles by 25 major cities

DMH also includes additional data sources on refugee and immigrant. They include:

- DPH Refugee and Immigrant Health Program, Massachusetts Department of Public Health. Source: USPHS Quarantine Station Notifications to Massachusetts Department of Public Health; Voluntary Resettlement Agencies (VOLAGs).
- 2012 New Refugee Arrival in Massachusetts, Office for Refugee Resettlement, Administration for Children and Families [Office of Refugee Resettlement](#)
- 2011 Migration Policy Institute on social demographic, language and education, workforce, income and poverty [Migration Policy Institute](#)

(b) DMH Language Makeup of Client Population

DMH's interpretation service protocol is intended to ensure that LEP clients have meaningful access to services on a client-by-client, family-by-family basis.

An analysis of current data shows that the Department's implementation of interpreter and translation services has broader reach and effect than that required by ANF Administrative Bulletin #16 (that a specific language reaches a 5% threshold of the total current client population).

According to 2009 American Community Survey, 1 Year Estimate, “Language Spoken at Home by Ability to Speak English for the Population 5 Years other than English,” LEP populations of more than 12,000 in the Commonwealth are: Spanish, Portuguese, Chinese, French, French Creole, Italian, Russian, Vietnamese, Greek, Arabic, Polish, Khmer, Hindi, German and Korean. DMH analysis indicates that DMH clients’ language abilities and preferences are similar, except with respect to German. In addition, Department clients speak eight other languages, including Albanian, Bosnian, Cape Verdean, Farsi, Finnish, Lao, Thai and Turkish.

(c) DMH Client Data Tracking System

The Department’s Mental Health Information System (“MHIS”) records the number and proportion of LEP persons served by service types and Areas/Sites.

The Interpreter & Translation Services Utilization fields show the frequency of interpreter use by LEP clients by languages and locations. DMH includes language assistance for LEP as one of the measures of EHS Results.

DMH LEP Client Data	Race	Granular Ethnicity	Language	Number of clients by language and service type	Percentage of clients by language and service type	Area Sites
Mental Health Information System (MHIS)	Yes	Yes	Yes	Yes	Yes	Yes
Interpreter Translation Services Utilization	No	Yes	Yes	Yes	Yes	Yes

(d) Points of Contact between DMH and Client Population

As part of the DMH new Areas configuration, Metro-Southeast, Northeast-Suburban, Central-West Areas and each Area’s corresponding Sites’ plan meet the geographic as well as the diverse cultural and linguistic needs of the populations served. The Areas and their Sites and DMH hospitals are the points of contact between the Department and the client population. When language assistance is needed, the points of contact will notify the ITSP. ((4) Language Service Protocol.)

(3) Language Resources Assessment:

(a) DMH will use the “Differential Pay Rate” classification of the Department’s employees to identify existing staff who are linguistically and technically able to deliver services in a language other than English. EOHHS’s Human Resource staff, which serves DMH, will provide additional guidance on the proposed use of such staff as interpreters.

(b) Use of DMH community-based resources in meeting language access needs

The Department is committed to the use of bilingual and bicultural staff to provide services for the LEP clients for state and vendor operated services. In some of the funded community services, the Department has developed several specialized cultural and linguistic programs. These programs have been developed based on the critical mass of ethnic and linguistic populations in particular service areas. They provide culturally and linguistically effective mental health care using a “cultural broker” model, increasing access to a full array of culturally and linguistically appropriate community support services. For areas that do not have these specialized programs, DMH vendors have made strong efforts to recruit and retain bilingual and bicultural staff. The vendors also use interpreters where bilingual staff is not available.

The Department recognizes that current resources sometimes are insufficient to fully provide interpreter and translation services for contracted vendor clients. One of the six goals of the DMH Cultural and Linguistic Competence Action Plan is to develop partnerships with multicultural communities in planning, development and implementation of culturally and linguistically effective services. OMCA continues to work with vendors to identify community-based organizations and non-profits that may serve as a cost effective resource for vendors to support their language assistance programs and to provide a full array of community services for LEP clients. The Department’s 2011 Multicultural Population Resource Directory provides information on services, organized by specific languages, for culturally and linguistically diverse populations across Massachusetts. OMCA will assist contracted vendors to create an LAP as a minimum standard for addressing the needs of their LEP populations.

DMH has developed an infrastructure for providers to report client-level data to the Department. This new method of reporting provides DMH with the capability to organize and analyze data, and it identifies clients for review based on established criteria or triggers. This client-level review also allows DMH to identify individuals from ethnic or linguistic and special populations, such as transition age youth, elders, veterans, and clients who are deaf and hard of hearing, so that DMH may ensure that their services are provided in a culturally and linguistically competent and age appropriate manner and that they are achieving positive outcomes.

(4) Language Service Protocols:

(a) Clear and accurate communication between clients and staff is crucial to improve physical and mental health, rehabilitation and above all, personal choice on the path to recovery. In-person interpretation is mostly utilized to achieve this goal. Telephone interpretation is used when setting up initial service appointments, providing information and referrals to public and in circumstances when interpretation on demand is needed.

DMH considers mental health interpretation and translation as a highly technical skill and has discouraged the use of language volunteers to provide technical interpretation unless they have formal medical and mental health interpretation. It is the expectation of the Department to refrain using family members or friends to provide interpreter services and no minors are allowed to provide interpretation.

(b) The Department's Interpreter and Translation Services Program (ITSP) coordinates all state-operated services for clients and staff of the Department in need of professional interpreter or translator services. Where bilingual staff is not available for state operated services, the Department uses interpreters from the state Master Services Agreement for Foreign Language Written Translation and Oral Interpretation Services.

Contracted vendors are responsible for vendor-operated adult and child/adolescent mental health services to provide language assistance for their clients and staff.

The Department has developed and issued a document entitled, "Interpreter Services: A Handbook for DMH Employees," and it includes protocols and procedures for the Department's staff who are most likely to encounter LEP clients. The Handbook will be updated base on this LAP. It will be available on the Department's Intranet and training will be conducted. OMCA also plans to update the current inventory of all translated DMH documents and web-links that provide translated health and mental health publications on the Department's Intranet.

(c) Persons who need DMH-funded community-based services, or providers of mental health care making a referral, need to complete Service Application Forms when applying for mental health services for adults, children, and adolescents. When additional information is needed from the applicants and/or guardians, face-to-face interpreters or telephonic interpretation will be provided. The Application for Adult Services is translated into four languages and the Application for Child/Adolescent Services is translated into two languages. Appeal Guidelines are translated into five languages.

The DMH Service Applications ask the applicants to self-identify their preferred language for communication, even if they can speak English, and ask whether interpreters are needed. Applicants maintain the right to self-identify or not as an LEP person. If the applicants are legal minors, the preferred language of parents, and whether interpreter services are needed, are also sought. (Appendix C: Service Application.)

Identification of preferred language is intended to give a client the choice of language as well as to acknowledge that, even though a client maybe more fluent in one language, s/he may prefer to use another language to communicate for a variety of reasons. The client is encouraged to use the preferred language and the option for an interpreter is always open when preferences change. The goal is for the client to decide what is the best way to communicate.

(5) Vital Document Translation:

Vital documents include:

- Service Application
- Release, consent, verification, and other materials necessary for service determinations
- Notification of rights and appeal guidelines
- Human Rights Handbook
- Legal documents pertaining to commitment and hospitalization
- Facility and area specific materials
- Disaster response
- Individualized treatment plans and records

Due to the significant costs involved, the translation of vital documents into different languages is a multi-year process. The initial focus is Spanish translations to accommodate the largest identified LEP population in Massachusetts. The Department each year identifies languages frequently encountered through its services and translates documents with available resources. Some of the translated documents are available on the Department's Internet. (Appendix D: DMH Foreign Language Translation.)

Vital documents, including individualized treatment planning, acceptance and denial of services, disaster response and other time sensitive documents, will be translated immediately. Even with the availability of translated documents, in-person interpreters are also used to assure the content of the document is clearly understood and communicated between clients and staff.

(6) Stakeholder Consultations:

The Multicultural Advisory Committee ("MAC") of DMH supports the Department in its commitment to equitable and quality mental health care of the culturally and linguistically diverse communities, including at-risk immigrants and refugees. This external advisory committee provides input into planning, and monitors implementation and progress of, the Department's Cultural and Linguistic Competence Action Plan. The new Action Plan will include the implementation of the LAP.

The diverse MAC members also serve as the Department's ambassadors to its racially, ethnically and linguistically diverse communities, and they facilitate partnership between the Department and community organizations and advocates in addressing the complex needs of underrepresented and underserved populations, including the reduction of language barriers to services.

(7) Staff Training:

The approved LAP will be disseminated to all Department heads and will be available on the Department's Intranet for all employees. "Interpreter Services: A Handbook for DMH Employees" will be revised and disseminated to all employees. A joint training/orientation between DMH frontline staff who are likely to have contacts with LEP populations and interpreters who are providing services will be provided. The goal of the training is to increase quality by focusing on the role and proper use of interpreters. Such training will also be extended to vendors' staff.

(8) Notice to Public:

DMH regulations covering mental health inpatient facilities (104 CMR 27.00) require "written notification and a posting in the client's primary language of the right to and availability of interpreter services." The posting, which states that, "You have the right to an interpreter at no cost to you," is translated in 30 languages. Human Rights Officers further reinforce the awareness and the availability of language assistance with a written notification in eight languages when they meet with the LEP clients individually after the clients' admission into the inpatient units. The Office of Human Rights will survey all facilities to ensure such signage is posted and written notifications are distributed to the clients.

DMH regulations covering community-based programs (104 CMR 28.00) require that, "A notice of the client rights as set forth in 104 CMR 28.03(1) (a) through (j)...be posted in appropriate and conspicuous places to which clients and family members have access in the program, and available to any person upon request," that the notice "...be written in language that is easy to understand," and that, "...to the extent practicable, [the notice]...be translated into the requesting person's preferred language."

The Office of Human Rights will survey all programs to ensure that these notices of client rights are posted and that translations are available.

(9) DMH Monitoring:

The Department's LAP goal is to improve the accessibility and quality of the language assistance program by the use of data and measures. DMH will:

- (a) review the specific language make-up of its client population in comparison to the Massachusetts Census, identifying language groups who are not being served or are under-served,

The total number and proportion of LEP clients served by DMH and each service in comparison to American Community Survey on language ability indicating that individuals speak English "less than very well"

Language	American Community Survey “speak English less than very well”	DMH Client Preferred Language and Interpreter Needed	DMH Preferred Language and Interpreter Needed by Service Type
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- (b) continue to collect and analyze data for one of the Department’s EHS indicators, the percentage of requests fulfilled for interpreter services for DMH state-operated services,
- (c) continue to collect Consumer and Family Member Satisfaction Survey items on whether LEP clients of adult community and inpatient services and families of children/adolescents received language assistance,
- (d) conduct a client-level performance review by the Department’s contract monitoring teams of CBFS services delivered, including the frequency and duration of interpreters used by LEP clients,
- (e) identify and implement solutions to any issues related to serving LEP persons that may have emerged during the year or any significant changes in the language needs of the service population.

(10) Complaints:

A client or client representative may file a complaint with either the Language Access Coordinator or the Office of Access and Opportunity.

Language Access Complaint Procedure (additional procedures will be developed by ANF):

You may file a complaint with the Agency Language Access Coordinator or the Office of Access and Opportunity if you believe you have been denied the benefits of this Plan. You must file your complaint within 6 months of the alleged denial. You must file a written complaint. To file a complaint with the Language Access Coordinator, submit the written complaint to:

Name of Language Access Coordinator:
 Ed K.S. Wang, Psy. D.
 Massachusetts Department of Mental Health
 25 Staniford St.
 Boston, MA 02114
 Email Address: ed.wang@state.ma.us

To file a complaint with the Office of Access and Opportunity, please submit the written complaint to the attention of:

Office of Access and Opportunity
Executive Office of Administration and Finance
State House, Room 373
Boston, MA 02133
Email Address: Ronald.Marlow@state.ma.us

Agency Head

Date: _____

Secretary

Date: _____